ANNUAL REPORT
1986 — 1987

Hospital Services Commission
of Prince Edward Island

88-02678/

Hospital Services Commission of Prince Edward Island

Jones Building
11 Kent Street
Charlottetown
Prince Edward Island
C1A 7P4

ANNUAL REPORT
For the Year Ending
March 31, 1987

Honourable Keith Milligan
Minister of Health & Social Services
Province of Prince Edward Island
P.O. Box 2000
Charlottetown, P.E.I.
C1A 7N8

Honourable Minister:

In accordance with Section 9 (a) of the Hospital and Diagnostic Services Insurance Act, I have the honour to present the Report of the Hospital Services Commission of Prince Edward Island for the period April 1, 1986 to March 31, 1987.

Respectfully submitted,

BARRY MACMILLAN
Executive Director

MEMBERS

Hospital Services Commission

and

Executive Director

Members	Effective Date of Appointment
Mr. Claude Paynter, Chairman Sherwood	July 3, 1980
Mr. Keith Harrington Spring Valley	July 3, 1980
Mr. Donald Munroe Montague	July 3, 1980
Dr. Athol Roberts Charlottetown	October 22, 1981
Mrs. Sheila Trainor Charlottetown	November 24, 1977

Executive Director

Mr. J. Brendon McGinn
Mr. Keith Wornell
Mr. Barry MacMillan

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THE HOSPITAL SERVICES COMMISSION

Introduction:

The Hospital Services Commission of Prince Edward Island administers a plan of health care for the people of Prince Edward Island according to the provisions of the Hospital and Diagnostic Services Insurance Act and other relevant legislation. The Plan provides for a system of hospital care insurance for the people of Prince Edward Island universally available to all without regard to age, financial circumstances or condition of health. The Commission consists of not less than three and not more than five persons, of whom one shall be appointed from a slate of not less than three names proposed by the Hospital Association of Prince Edward Island and one shall be appointed from a slate of not less than three names proposed by the Medical Society of Prince Edward Island.

Functions:

It is the function of the Hospital Services Commission:

1) to ensure the development and maintenance throughout Prince Edward Island of a balanced and integrated system of hospitals, related health care facilities, and the school of nursing;
2) to approve or disapprove the establishment of new hospitals, additions to existing hospitals, and the establishment of or additions to related health facilities;
3) to approve or disapprove all grants to hospitals for construction and maintenance;
4) to establish and operate, alone or in cooperation with one or more organizations, institutes, and centres for the training of hospital and related personnel;
5) to conduct surveys and research programs and to obtain statistics for its purposes;
6) to approve or disapprove hospitals and other facilities for the purpose of this Act in accordance with the Regulations;
7) to approve or disapprove incorporation, by-laws, operation, and alteration of all public hospitals;
8) to administer the hospital employees classification plan which covers all employees in the hospitals.

Areas of Responsibility:

1) Hospital Care Insurance Plan (administration and funding);
2) Approved Public Hospitals (funding & regulations);
3) Licensed Private Nursing Homes (regulations);
4) Ambulances (regulations & subsidized funding);
5) School of Nursing (funding);
6) Labour Relations (contract negotiations for hospital unionized employees through the Health Negotiating Agency);
7) Hospital Employees Classification Plan (administration).

HIGHLIGHTS OF 1986-87 REPORT

SUMMARY OF ACTIVITIES

Stewart Memorial Hospital Nursing Staff Study completed by Sally Robertson of Robertson Associates.

Appointment of Barry MacMillan as the new Executive Director of the Commissions.

Queen Elizabeth Hospital Amendments to Medical Staff and Administrative Staff By-Laws.

New Emergency Generator for Stewart Memorial Hospital.

Designation of Prince County Hospital as a Psychiatric Facility.

Western Hospital Replacement Chimney.

Western Hospital By-Laws Amendments.

King's County Memorial Hospital By-Law Amendments.

Appointment of Dr. R. Midgley as a Member of the Medical Advisory Committee to the Hospital Services Commission.

Budgetary Allocation for Hospitals in 1987-88 were formulated on a global budget concept.

Resignation of Mr. Keith Harrington as a Member of the Hospital Services Commission.

HOSPITAL UTILIZATION

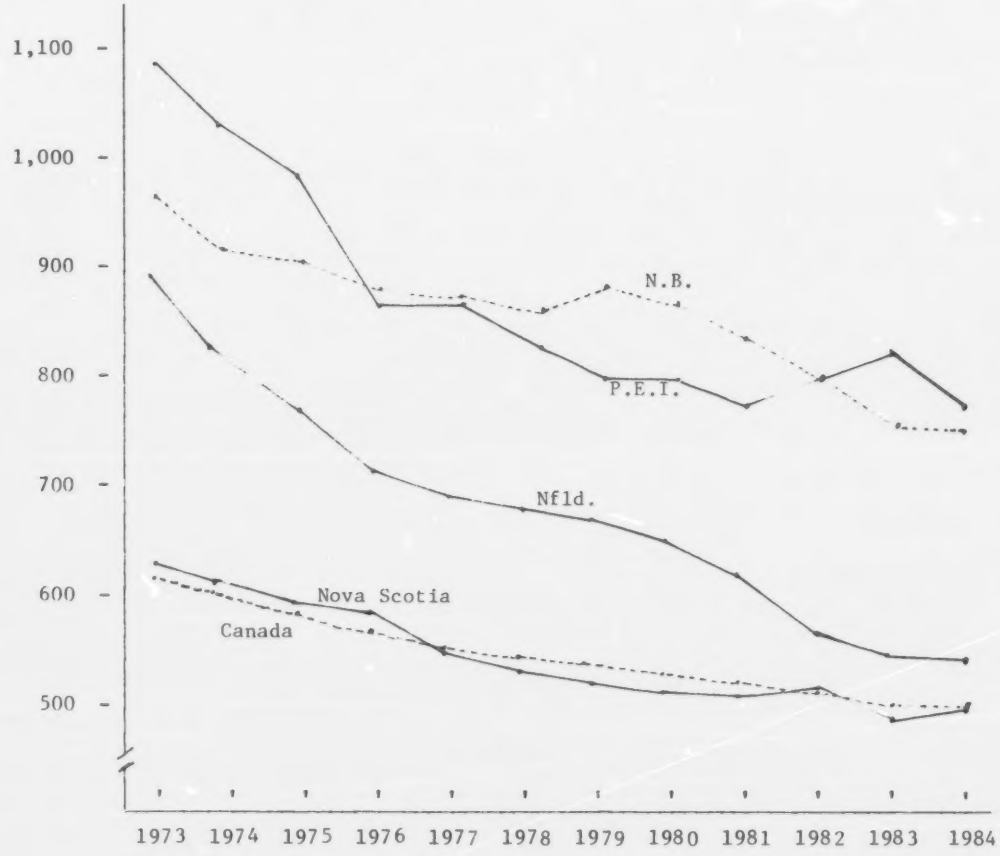
Introduction:

The following graphs and tables represent the most up-to-date information that could be obtained on a comparable provincial basis from Statistics Canada publications. General comments have been provided at the bottom of each table.

TABLE I

Population per Physician

Population per Active Civilian Physician Canada and Atlantic Provinces 1973-1984



Source: 1985 Canada Health Manpower Inventory (Health & Welfare Canada)

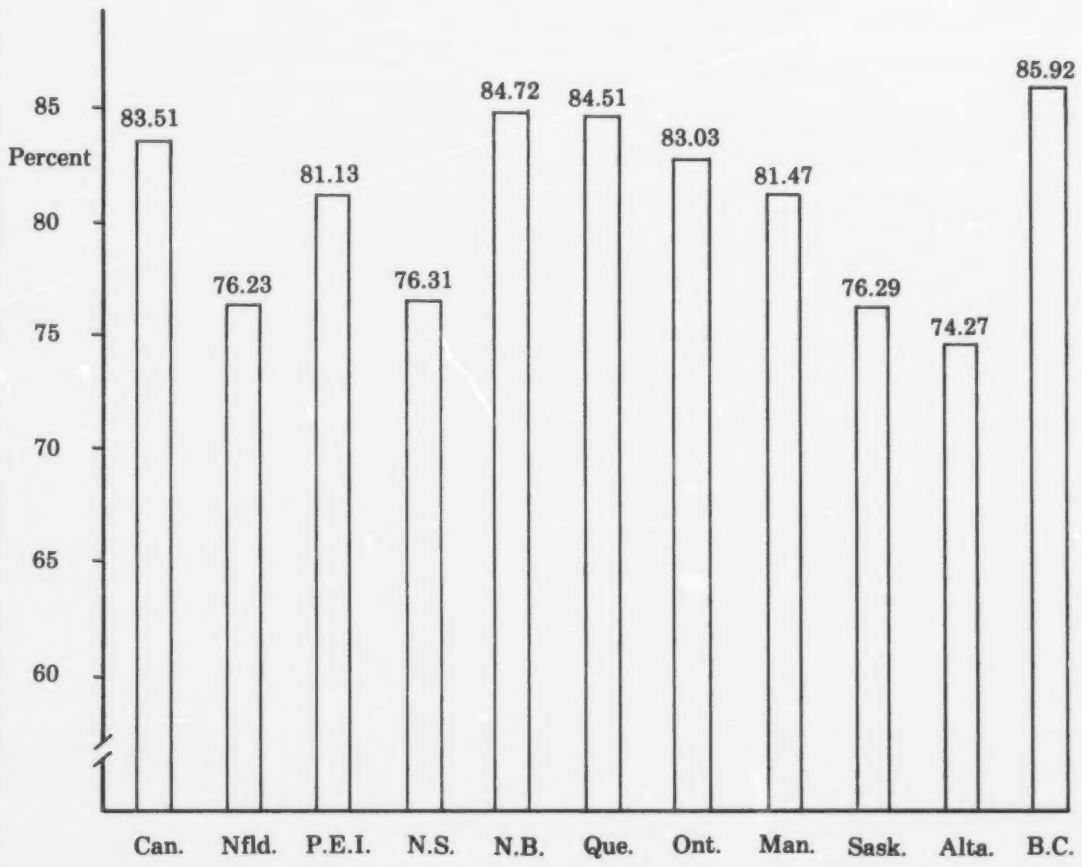
Prince Edward Island has shown a decrease in the population per active civilian physician, but still remain about Canada and Atlantic Provinces.

TABLE II

Provincial Comparison

OCCUPANCY RATES: 1985 — 1986

(Public Hospitals — General Non-Teaching, With Long-Term Units)



Source: Hospital Statistics Preliminary Annual Report 1985-86 - Statistics Canada

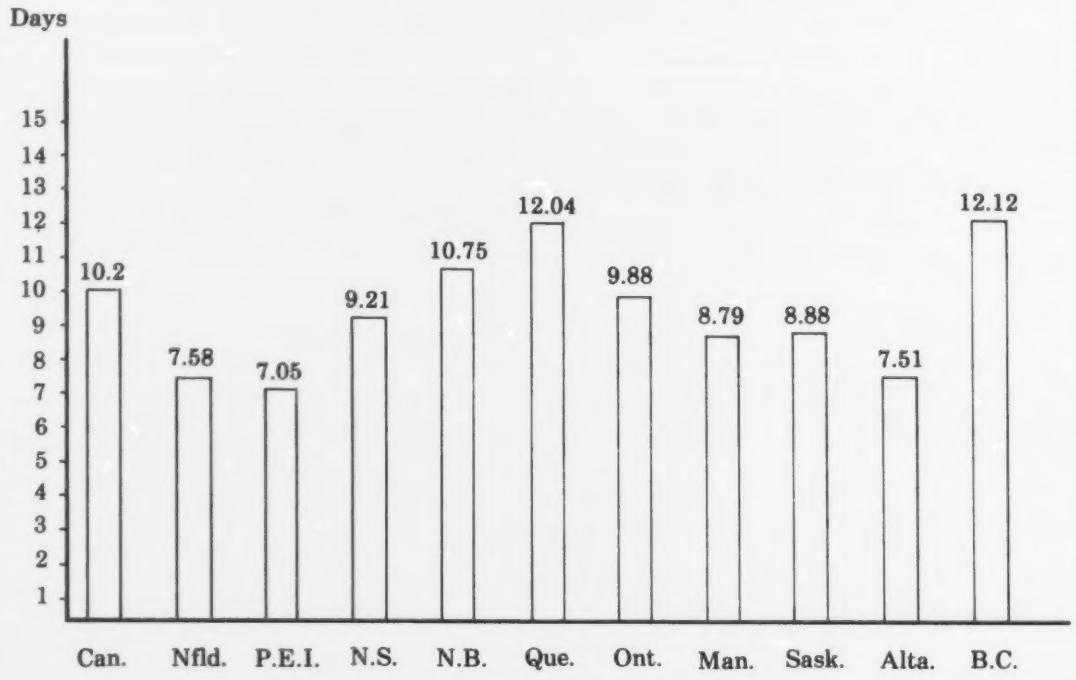
The occupancy rates indicate the degree of utilization of inpatient beds in a hospital. Generally, the higher the occupancy rate, the greater the operation efficiency is in the institution. However, it should be noted that the waiting period and numbers waiting for non-emergency admission to hospital also increase as the occupancy rate increases.

TABLE III

Provincial Comparison

AVERAGE LENGTH OF STAY: 1985 — 1986

(Public Hospitals — General Non-Teaching, With Long Term Units)



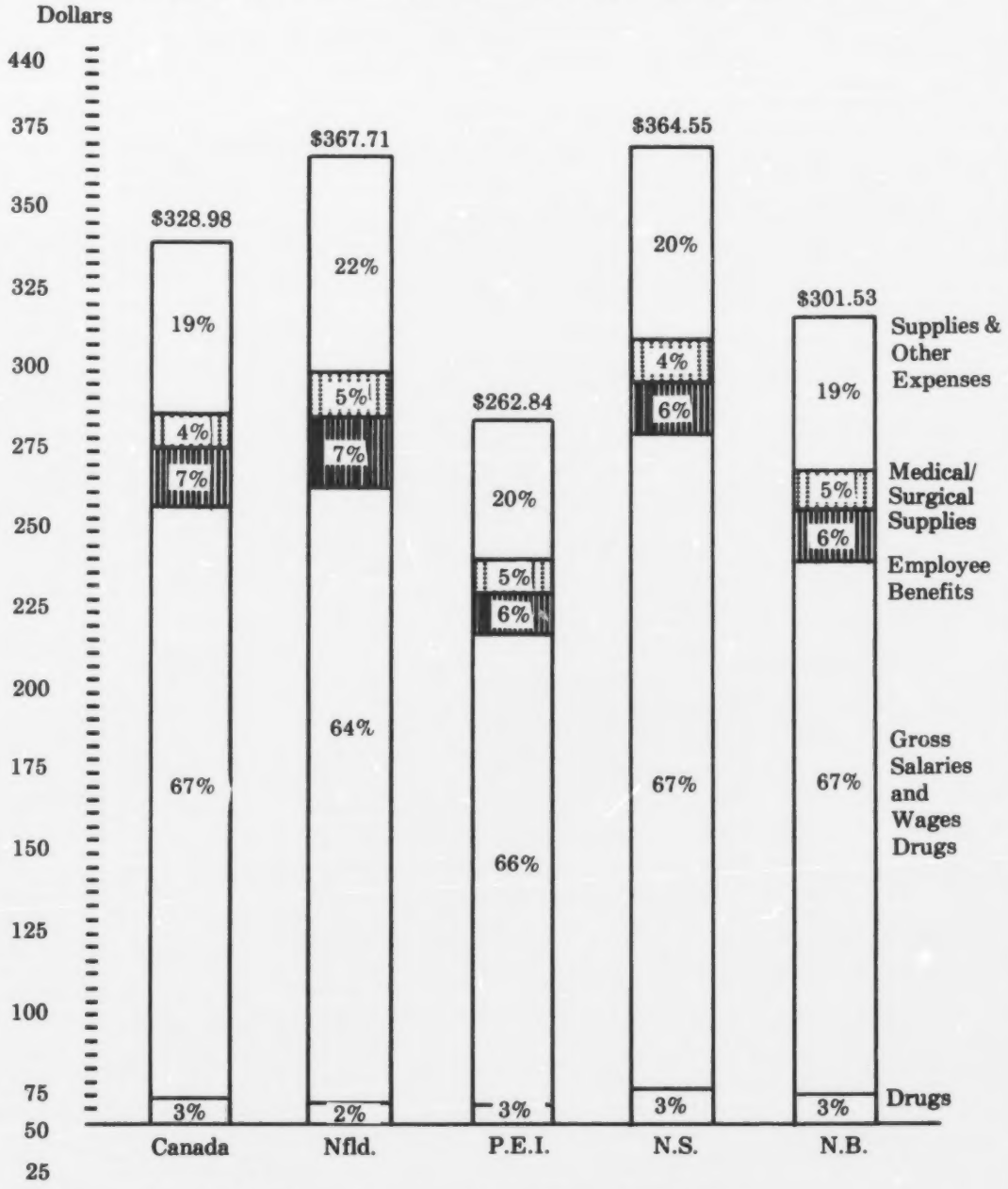
Source: Hospital Statistics Preliminary Annual Report 1985-86 - Statistics Canada

The average length of stay indicates the degree of turnover of patients in inpatient beds. The lower the average length of stay, the greater is the utilization of the inpatient beds.

TABLE IV

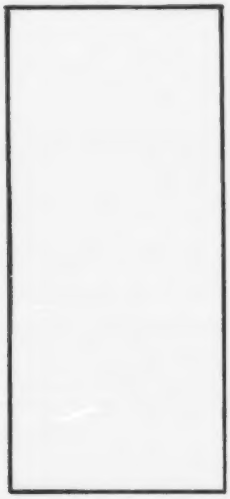
1985-86 Percentage Distribution of Total Operating Expenses by Type of Expense per Patient Day

(Public Hospitals — General, Non-Teaching, with Long-Term Units)

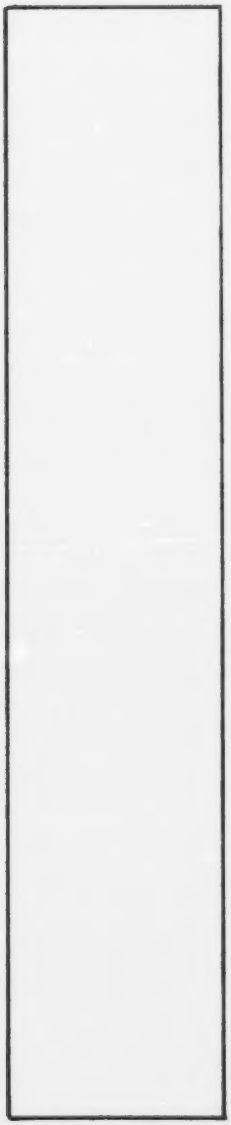


Source: Hospital Statistics Preliminary Annual Report, 1985-86, Statistics Canada

Prince Edward Island has the lowest hospital total operating expenses per patient day in the Atlantic Provinces.



OUT-OF-PROVINCE HOSPITALIZATION



The total number of days of stay for out-of-province decreased from 19,614 in 1985-86 to 18,811 in 1986-87

MORTALITY ON PRINCE EDWARD ISLAND

Introduction:

In 1985 the major causes of death characterized in descending order of importance for Canada and the Atlantic Provinces were as follows:

1985 Standardized Death Rates Per 100,000 Population

Males	**Canada**	**Nfld.**	**P.E.I.**	**N.S.**	**N.B.**
All Causes	693.5	726.0	730.9	751.6	705.3
Heart Disease	223.1	260.5	276.1	253.0	241.3
All Cancer	173.8	164.9	184.6	182.1	170.1
Respiratory Disease	58.2	64.3	53.8	68.6	65.8
Accidents	68.8	58.2	74.2	71.7	75.8
Suicide	18.2	8.1	4.4	18.6	18.5
Females					
All Causes	480.8	518.7	425.9	524.9	463.8
Heart Disease	144.5	182.1	127.0	160.2	144.0
All Cancer	130.2	122.2	117.9	146.7	126.2
Ischaemic Heart Disease	112.2	134.4	99.1	117.1	105.1
Cerebrovascular Disease	44.3	48.3	41.8	42.8	44.9
Accidents	27.8	14.8	20.3	26.5	24.6

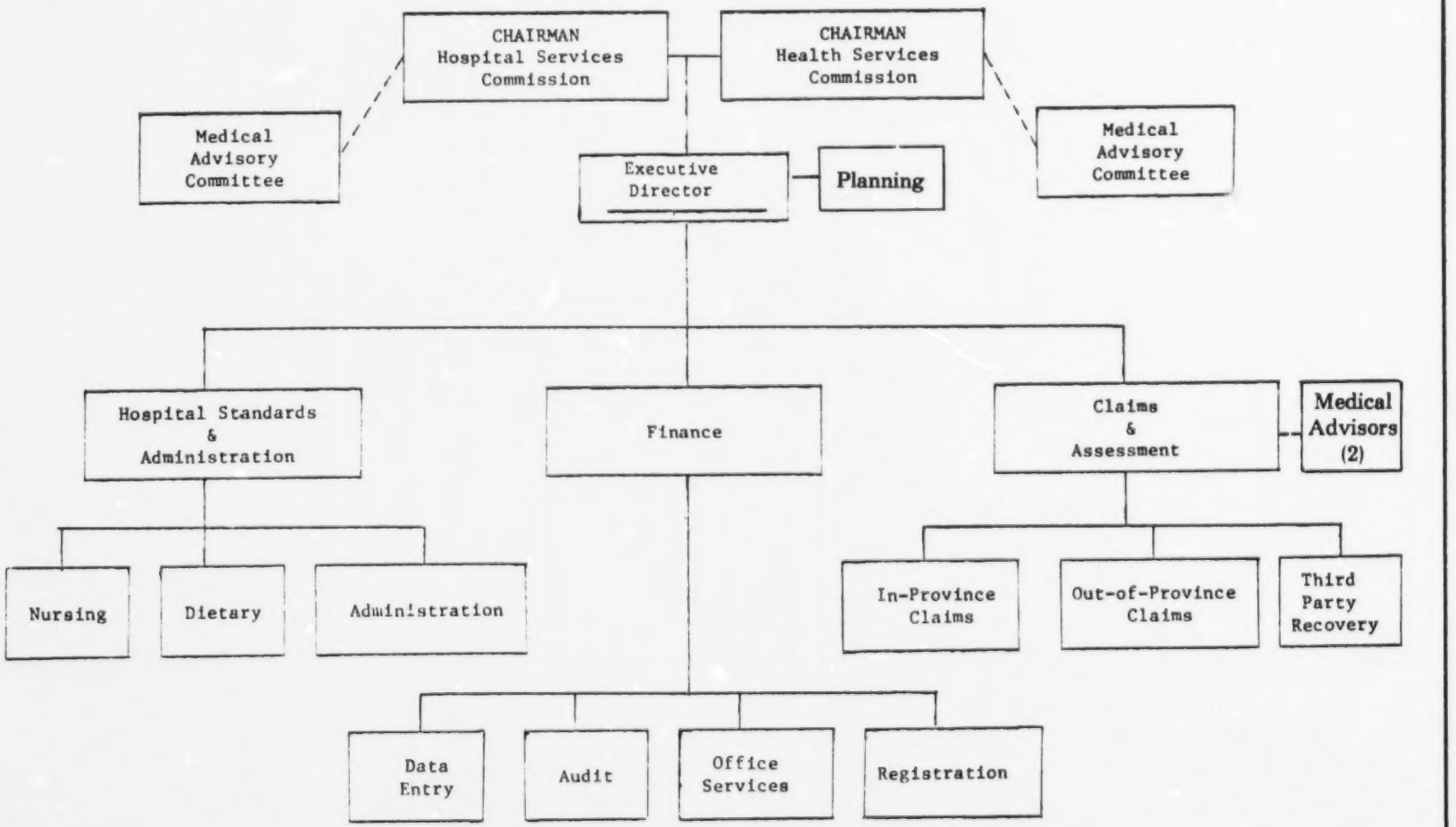
Source: 1985 Vital Statistics, Volume III, Stats. Canada

Note: The underlying cause of death reflects the type and occurrence of disease within a population.

This table indicates that males in Prince Edward Island have a higher occurrence of deaths related to all causes, heart disease and all cancer, than their counterparts in the other Atlantic Provinces and Canada, while females in Prince Edward Island have a lower occurrence of deaths in all the above categories than their counterparts in the other Atlantic Provinces and Canada.

HOSPITAL AND HEALTH SERVICES COMMISSIONS

ORGANIZATIONAL CHART



ADMINISTRATION OF THE PLANS

The administration of the Hospital Care Insurance Plan and the Health Insurance Plan is combined. Policy is determined separately by the two Commissions within the terms of reference of their Acts.

Day-to-day administration of the Plans is carried out through a Division of Claims and Assessement, a Division of Standards and Administration, and a Division of Finance, each responsible to the Commission through the Executive Director. Medical care problems relating to the operations of each Plan are considered by its Medical Advisor who may seek advice from its Medical Advisory Committee of five physicians nominated by the Medical Society of Prince Edward Island and appointed by the Commission.

The Medical Advisory Committees meet on an "as required" basis and play an important role in the smooth and efficient administration of the Plans.

BENEFITS OF THE PLANS

General

The Hospital Care Insurance Plan and the Health Care Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the cost of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is shared by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

Hospital Care Insurance Plan:

An extensive array of necessary health services is provided as fully insured benefits to hospitalized persons; however, for preferred accommodations, a hospital bills the patient directly.

In-patient benefits include:

- standard ward accommodation and meals
- necessary nursing services
- laboratory
- radiology and other diagnostic procedures
- drugs
- biologicals and related preparations
- use of operating room, case room, anaesthetic facilities
- use of radiotherapy, physiotherapy and occupational and speech therapy
- routine surgical supplies.

Similarly, most out-patient services are insured except in certain cases where the hospital will charge for take home supplies, e.g., drugs and dressings.

DESCRIPTION OF DIVISIONS

Hospital Standards and Administration Division
R. Thelma Cameron, Director

This Division has the responsibility of ensuring through the development and maintenance of reasonable standards, insofar as possible, the effective utilization of services provided by the general hospitals, the licensed ambulance operators, the licensed nursing home operators, the School of Nursing, and the Central School of Nursing Assistants.

This Division has the following duties:

- to review and analyze the utilization trends
- to conduct such studies as it deems necessary to determine the standards are being maintained.

This is accomplished through the medium of nursing, hospital administration, and dietary consultants.

Claims and Assessment Division
John R. Hobbs, Director

The Division of Claims and Assessment is responsible for processing both physicians and hospital claims through a system of clerks and assessment rules to ensure that claims submitted are for insured services and are medically necessary.

There are three sections in this Division: In-Province Claims, Out-of-Province Claims, and Third Party Recovery. Their responsibilities include:

- processing all claims for services rendered in the province
- integrating information from both hospital and physician claims on individual patient history cards
- random audit program to determine from patients whether a service was rendered as claimed by a physician
- processing all claims incurred by residents of the province outside the province
- investigating cases where a third party was the cause of the illness or injury of the patient, and recovering monies where possible
- field investigations regarding eligibility status of Prince Edward Island residents.

Finance Division
David R. MacCormac, Director

The primary function of the Finance Division is to provide management with financial information for use in making policy and operating decisions. Secondarily, it acts as a service centre for hospitals and Divisional Directors on areas where financial advice is requested or required.

Responsibilities of the various sections within the Division of Finance include:

- financial management, planning, and control
- financial accounting for the Commission
- data entry for thirty-two computer programs
- batching and processing claims for data control
- general office services including switchboard
- maintenance of the resident registration file
- cash and budget control
- development of internal financial, manual, and computerized systems
- internal audit functions.

AUDITOR GENERAL

CHARLOTTETOWN

PRINCE EDWARD ISLAND

HOSPTIAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

FINANCIAL STATEMENTS

MARCH 31, 1987

AUDITOR'S REPORT

To the Commissioners of the Hospital Services Commission

I have examined the balance sheet of the Hospital Services Commission of Prince Edward Island as at March 31, 1987 and the statement of financial activities for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1987 and the results of its operations for the year then ended in accordance with the basis of accounting as disclosed in Note 1 to the financial statements applied on a basis consistent with that of the preceding year.

J. Wayne Murphy, C.A.
Auditor General

Charlottetown, Prince Edward Island
August 4, 1987

STATEMENT 1

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

BALANCE SHEET

MARCH 31, 1987

(with comparative figures at March 31, 1986)

ASSETS

	1987	1986
CURRENT ASSETS		
Term deposit	$ 95,232	$ 87,992
Accounts Receivable (Note 2)	1,160,698	512,538
Advances to P.E.I. Hospitals (Note 5)	350,528	1,300,000
Advance to Province of Nova Scotia	450,000	450,000
FIXED ASSETS		
Office furnishings and equipment (Note 1)	1	1
	$2,056,459	$2,350,531

LIABILITIES

Current		
Bank overdraft	$ 4,300	$ 114,595
Payables and Accruals (Note 3)	2,052,159	2,235,936
	$2,056,459	$2,350,531

(Notes 1 to 6 are an integral part of these financial statements)

ON BEHALF OF THE COMMISSION:

COMMISSIONER: _____

COMMISSIONER: _____

STATEMENT 2

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

STATEMENT OF FINANCIAL ACTIVITIES

YEAR ENDED MARCH 31, 1987

(with comparative figures for the year ended March 31, 1986)

	1987	1986
REVENUE		
Provincial Appropriation (Note 4)	$69,542,074	$64,570,222
Third party recoveries	66,126	161,411
Investment income	6,886	19,354
	69,615,086	64,750,987
EXPENSES		
In-province hospitals - Operating	51,112,585	47,641,247
- Debt	6,447,880	5,507,014
- Capital repairs	155,425	129,055
P.E.I. School of Nursing	1,387,545	1,257,146
Out-of-province hospital care	8,024,648	7,839,731
Ambulance service	761,726	726,873
Canadian Red Cross Society	937,545	834,370
Administration	787,732	815,551
	69,615,086	64,750,987
Net result for the year	$ —	$ —

(Notes 1 to 6 are an integral part of these financial statements)

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 1987

1. Accounting Policy:

   Depreciation —
   Fixed assets are recorded at a nominal value of one dollar; therefore, no depreciation is charged.

2. Accounts Receivable

	1987	1986
Province of P.E.I.	$1,107,049	$392,532
Health Services Commission	48,356	92,383
Other	5,293	27,623
	$1,160,698	$512,538

3. Payables and Accruals

	1987	1986
Local hospitals and approved facilities for laboratory costs, deficits and major equipment purchases	$ 3,785	$ 208,549
Local hospitals for services to non-resident patients	60,404	72,312
Canadian Red Cross	30,657	9,817
Ambulance operators	57,884	48,041
Out-of-province hospital care, net	1,881,138	1,877,586
Other	18,291	19,631
	$2,052,159	$2,235,936

The payable for out-of-province hospital care includes an accrual of $320,000 for estimated billings not yet received for services of out-of-province hospitals to March 31, 1987.

4. Provincial Appropriation

	1987	1986
Original Appropriation	$67,659,600	$64,916,900
Additional Appropriation	1,000,000	650,000
Transferred Appropriation from General Government	1,310,600	—
Unspent Appropriations	(428,126)	(996,678)
Total Provincial Appropriation	$69,542,074	$64,570,222

5. At March 31, 1986 advances to local hospitals amounted to $1,300,000. Actual repayment of advances during the year amounted to $300,000. The remaining advance of $1,000,000 to the Queen Elizabeth Hospital was subsequently written-off when the Province provided an additional appropriation to cover this amount. The Commission's 1986/87 financial statements reflect these additional funds as revenue and a corresponding charge to debt expense.

   The $350,528 advance outstanding at March 31, 1987 relates to 1986/87 Commission payments made on behalf of the Souris Hospital Building Fund. Upon completion of the project it is anticipated that the project will be financed by a loan from the Province to the Souris Hospital. The amount due to the Commission was repaid in August 1987.

6. Subsequent Events

   An Act to amalgamate the Health Services Commission and the Hospital Services Commission called the "Hospital and Health Services Commission Act" was assented to during the 1987 session of the Legislature. This Act comes into force on such date as may be fixed by proclamation of the Lieutenant Governor-in-Council. Order-in-Council 481/87 proclaimed the Hospital and Health Services Commission Act to come into force effective September 26, 1987.

PUBLIC GENERAL HOSPITALS IN PRINCE EDWARD ISLAND
COMPARISON OF GENERAL EXPENSES

	1986-87 actual	1985-86 actual	1986-87 % INC/DEC OVER 1985-86
Salaries	$36,676,038	$33,991,842	7.90
Employee Benefits	3,461,798	3,193,548	8.40
Drugs, Medical & Surgical Supplies	4,311,990	4,069,687	6.00
Other Supplies and Expenses:			
Diagnostic and Treatment Services	3,311,307	2,797,067	18.40
Administration	1,411,675	1,130,188	24.90
Operating	5,670,000	5,956,454	5.00
Sub-Total	$54,842,808	$51,138,786	7.20
Offset Income	3,621,348	3,541,603	2.30
Net Expenditure	$51,221,460	$47,597,183	7.60

HOSPITAL UTILIZATION STATISTICS

Introduction:

There are seven acute care hospitals on Prince Edward Island. They are, with their respective bed capacities:

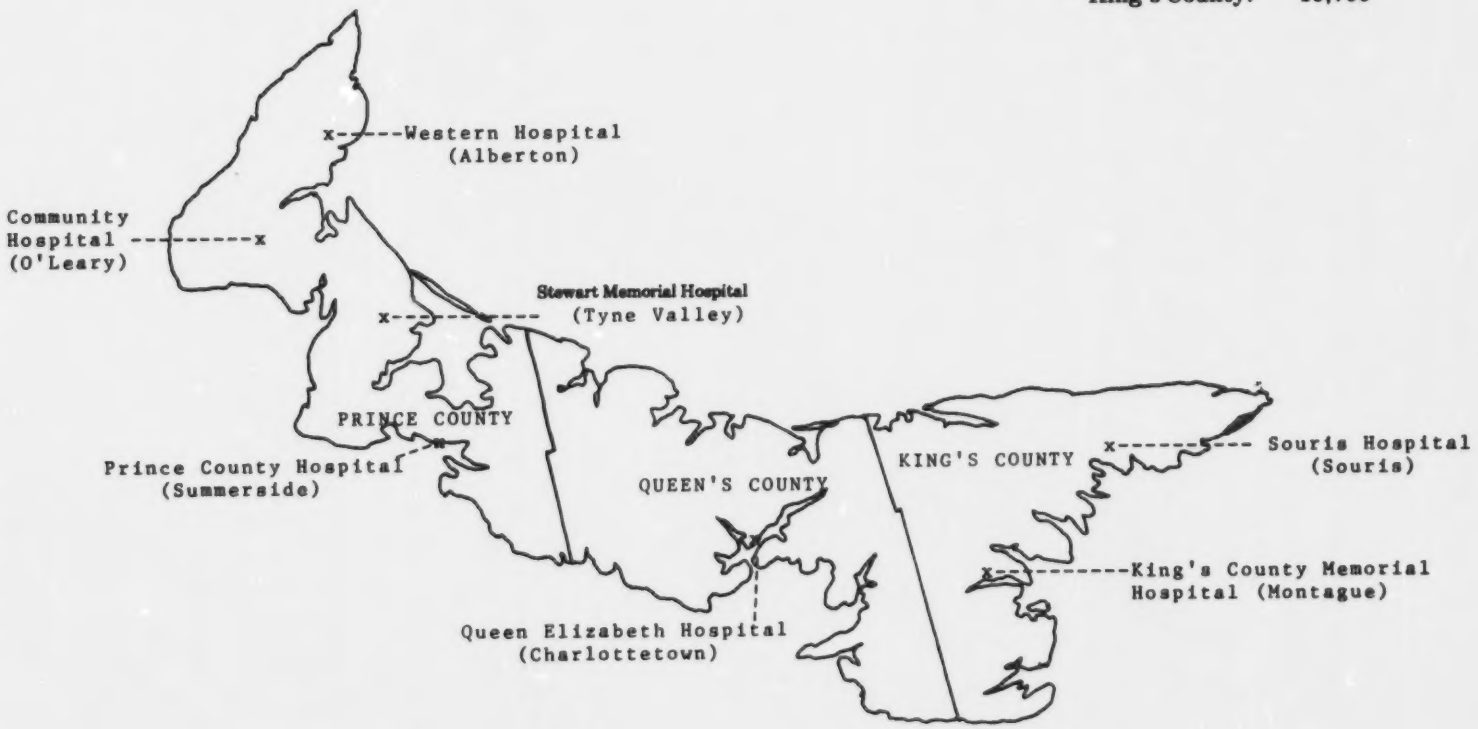
Western Hospital, Alberton	50
Community Hospital, O'Leary	33
Stewart Memorial Hospital, Tyne Valley	23
Prince County Hospital, Summerside	162
Queen Elizabeth Hospital, Charlottetown	351
King's County Memorial Hospital, Montague	50
Souris Hospital, Souris	21
Total Bed Capacity	690

The following pages present 1986-87 statistics (source: 1986-87 Annual Return of Health Care Facilities, Hospitals — Part I), and background information for each hospital and concludes with a four (4) year summary of total hospital utilization data for the province.

Population — 1985 — 127,100

PRINCE EDWARD ISLAND

Prince County:	44,400
Queen's County:	63,000
King's County:	19,700



Population Source: Working Paper - Statistics Canada

WESTERN HOSPITAL

Alberton

OWNERSHIP:	Religious Organization
RATED BED CAPACITY:	50 Beds
BEDS TYPE — Medical	40 Beds
Pediatric	10
OCCUPANCY RATE:	70 percent
ADMISSIONS:	1,542
AVERAGE LENGTH OF STAY:	8.2 days
BIRTHS:	0
PATIENT DAYS:	12,711
CHAIRMAN OF THE BOARD	Harvey MacEwen
ADMINISTRATOR:	Albert Bernard

COMMUNITY HOSPITAL

O'Leary

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	33 Beds
BEDS TYPE — Medical/Surgical	24 Beds
Obstetrical	3 Beds
Pediatric	5 Beds
Isolation	1 Bed
OCCUPANCY RATE:	78 percent
ADMISSIONS:	1,226
AVERAGE LENGTH OF STAY:	7.6 days
BIRTHS:	39
PATIENT DAYS:	9,386
CHAIRMAN OF THE BOARD:	Gordon Ramsay
ADMINISTRATOR:	Lester A. Brennan

STEWART MEMORIAL HOSPITAL

Tyne Valley

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		23 Beds
BEDS TYPE —	Medical	10 Beds
	Medical-Nursing	10 Beds
	Pediatric	3 Beds
OCCUPANCY RATE:		70 percent
ADMISSIONS:		713
AVERAGE LENGTH OF STAY:		8.2 days
BIRTHS:		0
PATIENT DAYS:		5,841
CHAIRMAN OF THE BOARD:		Clyde Minard
ADMINISTRATOR:		Robert Millar, Jr.

PRINCE COUNTY HOSPITAL

Summerside

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		162 Beds
BEDS TYPE —	Medical	56 Beds
	Surgical	37 Beds
	Pediatric	25 Beds
	Obstetrical	23 Beds
	Psychiatric	16 Beds
	Intensive Care	5 Beds
OCCUPANCY RATE:		81 percent
ADMISSIONS:		7,105
AVERAGE LENGTH OF STAY:		6.8 days
BIRTHS:		583
PATIENT DAYS:		48,032
CHAIRMAN OF THE BOARD:		Grant Mollison
EXECUTIVE DIRECTOR:		Wayne Carew

QUEEN ELIZABETH HOSPITAL

Charlottetown

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		351 Beds
BEDS TYPE —	Medical/Surgical	210 Beds
	Pediatric	49 Beds
	Psychiatric	30 Beds
	Obstetrical	30 Beds
	Rehabilitation	20 Beds
	Intensive Care	12 Beds
OCCUPANCY RATE:		82 percent
ADMISSIONS:		11,461
AVERAGE LENGTH OF STAY:		9.2 days
BIRTHS:		1,168
PATIENT DAYS:		105,577
CHAIRMAN OF THE BOARD:		Frank MacDonald
EXECUTIVE DIRECTOR:		Kenneth W. Ezeard

KING'S COUNTY MEMORIAL HOSPITAL

Montague

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		50 Beds
BEDS TYPE —	Medical	36 Beds
	Pediatric	8 Beds
	Obstetrical	6 Beds
OCCUPANCY RATE:		75.5 percent
ADMISSIONS:		1,795
AVERAGE LENGTH OF STAY:		7.7 days
BIRTHS:		109
PATIENT DAYS:		13,780
CHAIRMAN OF THE BOARD:		Leonard Munro
ADMINISTRATOR:		Horst R. Quecke

SOURIS HOSPITAL

Souris

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		21 Beds
BEDS TYPE —	Medical	16 Beds
	Pediatric	3 Beds
	Obstetrical	2 Beds
OCCUPANCY RATE:		77 percent
ADMISSIONS:		853
AVERAGE LENGTH OF STAY:		6.9 days
BIRTHS:		5
PATIENT DAYS:		5,891
CHAIRMAN OF THE BOARD:		Anne MacPhee
ADMINISTRATOR:		Peter Ramsay

COMPARISONS OF HOSPITAL USAGE

Hospitals of Prince Edward Island

April 1, 1983 to March 31, 1987

	April 1, 1983 to March 31, 1984	April 1, 1984 to March 31, 1985	April 1, 1985 to March 31, 1986	April 1, 1986 to March 31, 1987
Number of Beds set up	690	690	690	690
Number of Bassinets set up	79	79	79	79
Total Patients Admitted (Adult, Children & Newborn)	27,801	27,765	26,445	26,599
Total Births in Hospitals	1,876	1,961	2,015	1,902
Adults & Children Patient Days	200,142	201,212	197,392	201,218
Newborn Patient Days	9,984	10,679	11,131	10,190
X-Ray Examinations	102,725	101,780	102,736	107,364
Laboratory Units of Work			7,660,804[1]	8,139,713
Operations in O.R.	16,153	16,569	17,835	18,206
Emergency Room Visits	106,444	112,362	122,358	116,081
Physiotherapy Attendances	39,180	43,750	46,241	36,328
Electrocardiograph Exams	22,329	23,958	24,529	25,275
Meal Days	353,706	362,218	358,218	369,169
Nursing Staff (Includes School of Nursing and L.N.A. Program Staff)	657.8	680.2	670.4	690
Other Staff	860.9	881.1	888.8	899
Total Staff[2]	1,518.7	1,561.3	1,559.2	1,589

Note 1: New Laboratory Workload Measurement System

Note 2: Staffing reported in full-time equivalents